

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000195952

Entity Name: USA COVERS LLC**Current Principal Place of Business:**1416 VICTORIA ISLE DRIVE
WESTON, FL 33327**Current Mailing Address:**1416 VICTORIA ISLE DRIVE
WESTON, FL 33327**FEI Number:** 47-5670116**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALIFANO, GUSTAVO
1416 VICTORIA ISLE DRIVE
WESTON, FL 33327 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR/MEMBER
Name	ALIFANO, GUSTAVO
Address	1416 VICTORIA ISLE DR
City-State-Zip:	WESTON FL 33327

Title	AMBR
Name	ALIFANO, MATIAS
Address	1416 VICTORIA ISLE DR
City-State-Zip:	WESTON FL 33327

Title	AMBR
Name	ALIFANO, MICHELLE
Address	1416 VICTORIA ISLE DRI
City-State-Zip:	WESTON FL 33327

Title	AMBR
Name	TARULLI, CLAUDIA
Address	1416 VICTORIA ISLE DRIVE
City-State-Zip:	WESTON FL 33327

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GUSTAVO ALIFANO

PRESIDENT

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date